

CLAIMS ONLY							Application Number 10/818835	Filing Date			
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1			/				51				
2			/				52				
3			/				53				
4			/				54				
5			/				55				
6			/				56				
7			/				57				
8			/				58				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep			1				Total Indep				
Total Depend			19				Total Depend				
Total Claims			20				Total Claims				